



**POST OFFICE  
TO ADDRESSEE**



\*EL552914563US\*

**EL552914563US**

SEE REVERSE SIDE FOR  
SERVICE GUARANTEE AND LIMITS  
ON INSURANCE COVERAGE



Customer Copy  
Label 11-F July 1997

<b>ORIGIN (POSTAL USE ONLY)</b>	
PO ZIP Code: 94128	Day of Delivery <input type="checkbox"/> Next <input checked="" type="checkbox"/> Second
Date In: 12-22-00	Postage: \$ 18.50
Time In: 10:00 AM	Return Receipt Fee
Weight: 2 lbs. 10 ozs.	Int'l Alpha Country Code
No Delivery: <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday	Acceptance Clerk Initials: <i>RE</i>
	Total Postage & Fees: \$ 18.50

<b>CUSTOMER USE ONLY</b>	<input type="checkbox"/> <b>WAIVER OF SIGNATURE</b> (Domestic Only): Additional merchandise insurance is void if waiver of signature is requested. I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.
METHOD OF PAYMENT: Express Mail Corporate Acct. No. X940848	<input type="checkbox"/> <b>NO DELIVERY</b> <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday
Federal Agency Acct. No. or Postal Service Acct. No.	Customer Signature: _____

**FROM: (PLEASE PRINT)** PHONE ( )  
**STEPHEN C. DURANT**  
**PATENT DEPARTMENT**  
**MORRISON & FOERSTER**  
**425 MARKET ST FL 32**  
**SAN FRANCISCO CA 94105-2406**

**TO: (PLEASE PRINT)** PHONE ( )  
**THE ASSISTANT COMMISSIONER**  
**OF PATENTS**  
**US PATENT & TRADEMARK OFFICE**  
**BOX PATENT APPLICATION**  
**WASHINGTON DC 20231-0001**  
**RE: 40433-2000200**

**PRESS HARD.**  
You are making 3 copies.

**FOR PICKUP OR TRACKING CALL 1-800-222-1811**

**www.usps.gov**



**EXHIBIT 2**